**NOMINATION FORM**

Aboriginal Health Worker

*For information regarding nomination processes and criteria, please refer to the* ***Nomination Information*** *document provided on the awards webpage. Link?*

**NOMINEE DETAILS:**

|  |  |
| --- | --- |
| Name of nominee: | Click or tap here to enter text. |
| Employer | Click or tap here to enter text. |
| Work unit | Click or tap here to enter text. |
| Position title: | Click or tap here to enter text. |
| Work address: | Click or tap here to enter text. |
| Work telephone | Click or tap here to enter text. |
| Work email: | Click or tap here to enter text. |

**QUALIFICATION DETAILS:**

*Does the nominee have a qualification in and/or Aboriginal Primary Health Care or Indigenous community health?*

|  |  |
| --- | --- |
| Qualification: | Click or tap here to enter text. |

**AWARD CATEGORY:**

*Please select (tick) only ONE of the following categories:*

|  |  |
| --- | --- |
|  | **Remote Aboriginal Health Worker**  Awarded to an Aboriginal Health Worker living and practicing in a remote community. |
|  | **Urban Aboriginal Health Worker**  Awarded to an Aboriginal Health Worker, living and working in an urban location. |

SELECTION CRITERIA

In order to maximise the impact of your nomination, please provide as much information as possible, making it clear to the selection panel why the nominee is superior and should receive the award.

**Why are they a good role model?**

*How is the nominee a role model? What activities have they done in their workplace and/or community?*

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| Click or tap here to enter text. |

**How do they show positive direction and guidance?**

*Do they provide mentoring? Do they engage well with different groups? Do they give the correct information?*

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| Click or tap here to enter text. |

**How do they show the importance of their work to others?**

*How does the nominee promote the profession, ensure that they are working towards best practice standards, and participate in ongoing professional development. Give examples of their current level of competence in the workplace.*

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| Click or tap here to enter text. |

**How do they deliver quality services to their clients and community?**

*This includes what the nominee has done or implemented to improve their client journey through the health service, ongoing learning and development that improves there work performance.*

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| Click or tap here to enter text. |

**How do they show compassion, empathy and kindness towards patients and colleagues?**

*How does the nominee interact within the workplace? How do they support new staff members with cultural safety? How do they ensure clients understand their health matters and care plans?*

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| --- |
| Click or tap here to enter text. |

**Please use a separate sheet if necessary.**

YOUR DETAILS

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Relationship to the nominee: | Click or tap here to enter text. |

**DISCLAIMER:**

*I have discussed this nomination with the nominee and they have agreed to be nominated.*

|  |  |
| --- | --- |
| Signature: |  |
| Date: | Click or tap here to enter text. |

SUBMISSION

Nominations close 5pm on Sunday 21 July 2019.

Completed nominations to be sent to **Aboriginal Workforce Development, NT Health**:

**Email** [**ATSIHPexcellenceawards.doh@nt.gov.au**](mailto:ATSIHPexcellenceawards.doh@nt.gov.au)

**Mail:**  PO Box 40596 CASUARINA NT 0811

FURTHER INFORMATION

Contact Aboriginal Workforce Development on (08) 8992 9999

PRIVACY STATEMENT

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